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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 6765**

SERIAL NUMBER 10/661,358	FILING OR 371(c) DATE 09/11/2003 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 051501-0305443
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/410,534 09/11/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	8	76	23

**ADDRESS**

27500

**TITLE**

METHODS OF TREATING OX40 MEDIATED RECALL IMMUNE RESPONSES

FILING FEE RECEIVED 4908	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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